

-1-

RECEIVED  
CENTRAL FAX CENTER

JUN 18 2004

OFFICIAL

## PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Minkin et al.

Application No. 09/663,863

Filed: 09/15/2000

For: SYSTEM, METHOD AND COMPUTER PROGRAM)  
PRODUCT FOR RULE BASED NETWORK  
SECURITY POLICIES)  
)  
) Art Unit: 2134  
)  
) Ex.: Tran, Tongoc  
)  
) Date: June 18, 2004  
)  
)  
)  
)CERTIFICATE OF FACSIMILEI hereby certify that this correspondence is being facsimile  
transmitted to the Commissioner for Patents, Alexandria,  
VA 22313-1450 at facsimile number: (703) 872-9306 on  
June 18, 2004.

Signed:

  
Erica L. FarlowAMENDMENT BCommissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action mailed June 04, 2004, please enter the  
following amendments believed to place the claims in condition for allowance.

08/02/2004 AMHITE1 00000002 501351 09663863

01 FC:1201 85.00 DA

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

663863 09/10/00 663863

## CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	33 minus 20 =	13
INDEPENDENT CLAIMS	5 minus 3 =	2
MULTIPLE DEPENDENT CLAIM PRESENT		

\* If the difference in column 1 is less than zero, enter "0" in column 2

AMEND  
A

## CLAIMS AS AMENDED - PART II

3-18-04 (Column 1)

(Column 2)

(Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	29	33	0
Independent	5	5	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM 0			

AMEND B

6-18-04

(Column 1)

(Column 2)

(Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	26	33	0
Independent	6	5	1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM 0			

(Column 1)

(Column 2)

(Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total			
Independent			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE	OR	RATE	FEE
	345.00			690.00
X\$ 9=			X\$18=	234. <sup>00</sup>
X39=			X78=	156. <sup>00</sup>
+130=			+260=	
TOTAL			TOTAL	1080. <sup>00</sup>

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	ADDI-TIONAL FEE	OR	RATE	ADDI-TIONAL FEE
X\$ 9=			X\$18=	0
X39=			X78=	6
+130=			+260=	6
TOTAL ADDIT. FEE			TOTAL ADDIT. FEE	0

RATE	ADDI-TIONAL FEE	OR	RATE	ADDI-TIONAL FEE
X\$ 9=			X\$18=	0
X39=			X78=	86
+130=			+260=	0
TOTAL ADDIT. FEE			TOTAL ADDIT. FEE	86

RATE	ADDI-TIONAL FEE	OR	RATE	ADDI-TIONAL FEE
X\$ 9=			X\$18=	
X39=			X78=	
+130=			+260=	
TOTAL ADDIT. FEE			TOTAL ADDIT. FEE	